

Introduced by Senator Solis

February 18, 1999

An act to amend Sections 24000, 24001, 24007, 24011, 24013, and 24021 of, to amend the heading of Division 24 (commencing with Section 24000) of, and to repeal and add Sections 24023 and 24027 of, the Welfare and Institutions Code, relating to health.

LEGISLATIVE COUNSEL'S DIGEST

SB 500, as introduced, Solis. Public social services: the Family Planning Access Care and Treatment Program.

Existing law establishes until July 1, 2000, in the State Department of Health Services the State-Only Family Planning Program to provide comprehensive clinical family planning services to low-income men and women. Existing law authorizes the State Department of Health Services to adopt procedures necessary for the review of grievances or complaints by providers concerning the processing of claims or payment of moneys.

This bill would rename the program the Family Planning Access Care and Treatment Program, also to be known as the Family PACT Program and continue the operation of the program indefinitely. The bill would specify that family planning for the purposes of the Family PACT Program includes prescription contraception for abortion patients if no other source of coverage is available and the person is eligible to receive services under the program. The bill would require the review of grievances or complaints by providers and hearings conducted by the department regarding a person's



eligibility or receipt of services under the program to be consistent with the Medi-Cal program.

The bill would require the department to apply for medicaid waivers, as specified, and would require all General Fund savings from medicaid waivers to be deposited into the Comprehensive Preventive Health Screening Fund created by this bill as a continuously appropriated fund. The fund would be administered by the department for the purposes of the department developing a plan to merge existing screening programs into a comprehensive preventive health screening program for uninsured individuals whose income do not exceed 200% of the federal poverty level.

Vote: $\frac{2}{3}$. Appropriation: yes. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The heading of Division 24
2 (commencing with Section 24000) of the Welfare and
3 Institutions Code is amended to read:

4

5 DIVISION 24. ~~STATE-ONLY FAMILY PLANNING~~
6 *FAMILY PLANNING ACCESS CARE AND*
7 *TREATMENT PROGRAM*
8

9 SEC. 2. Section 24000 of the Welfare and Institutions
10 Code is amended to read:

11 24000. There is established in the State Department
12 of Health Services the ~~State-Only-Family-Planning~~
13 *Family Planning Access Care and Treatment* Program to
14 provide comprehensive clinical family planning services
15 to low-income men and women. This division shall be
16 known and may be cited as the ~~State-Only-Family~~
17 ~~Planning~~ *Family PACT* Program.

18 SEC. 3. Section 24001 of the Welfare and Institutions
19 Code is amended to read:

20 24001. (a) For purposes of this division, “family
21 planning” means the process of establishing objectives for
22 the number and spacing of children, and selecting the
23 means by which those objectives may be achieved. These



1 means include a broad range of acceptable and effective
2 methods and services to limit or enhance fertility,
3 including contraceptive methods, natural family
4 planning, abstinence methods and basic, limited fertility
5 management. Family planning services include, but are
6 not limited to, preconceptual counseling, maternal and
7 fetal health counseling, *male and female* general
8 reproductive health care, including diagnosis and
9 treatment of infections and conditions, including cancer,
10 that threaten reproductive capability, medical family
11 planning treatment and procedures, including supplies
12 and followup, and informational, counseling, and
13 educational services. Family planning does not include
14 abortion, pregnancy testing solely for the purposes of
15 referral for abortion or services ancillary to abortions, or
16 pregnancy care that is not incident to the diagnosis of
17 pregnancy. *Family planning does include prescription*
18 *contraception for an abortion patient if no other source*
19 *of coverage for prescription contraception is available*
20 *and the person meets the criteria in Section 24003.*

21 (b) For purposes of this division, “department” means
22 the State Department of Health Services.

23 SEC. 4. Section 24007 of the Welfare and Institutions
24 Code is amended to read:

25 24007. ~~(a)~~—The department shall determine the
26 scope of benefits for the program, which shall include, but
27 is not limited to, the following:

28 ~~(1)~~—

29 (a) Family planning related services and male and
30 female sterilization. Family planning services for men
31 and women include emergency and complication
32 services directly related to the contraceptive method and
33 followup, consultation and referral services, as indicated,
34 which may require treatment authorization requests.

35 ~~(2)~~—

36 (b) All United States Department of Health and
37 Human Services, Federal Drug Administration-approved
38 birth control methods, devices, and supplies that are in
39 keeping with current standards of practice and from
40 which the individual may choose, *and condoms for*

1 *pregnancy prevention and prevention of sexually*
2 *transmitted infections.*

3 ~~(3)~~

4 (c) Culturally and linguistically appropriate health
5 education and counseling services, including informed
6 consent; psychosocial and medical aspects of
7 contraception, sexuality, fertility, pregnancy, and
8 parenthood; infertility; reproductive health care;
9 preconceptional and nutrition counseling; prevention and
10 treatment of sexually transmitted infection; use of
11 contraceptive methods, devices, and supplies; possible
12 contraceptive consequences and followup; interpersonal
13 communication and negotiation of relationships to assist
14 individuals and couples in effective contraceptive
15 method use and planning families.

16 ~~(4)~~

17 (d) A comprehensive health history, updated at *the*
18 next periodic visit (between 11 and 24 months after initial
19 examination) that includes *all of the following*:

20 (1) *For females*, a complete obstetrical history,
21 gynecological history, contraceptive history, personal
22 medical history, health risk factors, and family health
23 history, including genetic or hereditary conditions.

24 ~~(5)~~

25 (2) *For males*, a male reproductive health assessment
26 and personal medical history.

27 (e) A complete physical examination on initial and
28 subsequent periodic visits.

29 ~~(b) Benefits under this program shall be effective in 30~~
30 ~~days after notice to providers, but not sooner than~~
31 ~~January 1, 1997.~~

32 SEC. 5. Section 24011 of the Welfare and Institutions
33 Code is amended to read:

34 24011. (a) Providers shall submit claims for
35 reimbursement for services provided on or after January
36 1, 1997, or receipt of notice from the department,
37 whichever is later, and covered by this program, to the
38 fiscal intermediary of the department for payment.
39 Charges and individual information shall be submitted on
40 the form or in the format specified by the department for

1 the ~~state-only family planning program~~ *Family PACT*
2 *Program*, and providers shall be reimbursed at the rates
3 established for those services by the department.

4 (b) The department shall use existing contractual
5 claims processing services in order to promote efficiency
6 and to maximize use of funds.

7 (c) Claims for ~~state-only family planning~~ *Family*
8 *PACT* services provided through prescription, including
9 laboratory and pharmaceutical, shall be reimbursed in a
10 manner determined by the department. Eligible
11 individuals shall not be charged for any ~~state-only family~~
12 ~~planning~~ *Family PACT* laboratory or pharmaceutical
13 services.

14 (d) Claims for method-related complications
15 requiring approved treatment authorization requests
16 shall be reimbursed regardless of category of medical
17 service.

18 SEC. 6. Section 24013 of the Welfare and Institutions
19 Code is amended to read:

20 24013. (a) ~~Notwithstanding any other provision of~~
21 ~~law, the department may adopt any procedures as are~~
22 ~~necessary for the~~ *The* review of a grievance or complaint
23 concerning the processing of claims or payment of
24 moneys alleged by a provider of services to be payable by
25 reason of any of the provisions of this division *shall be*
26 *consistent with the Medi-Cal program.*

27 (b) Any applicant for, or recipient of, services under
28 the ~~state-only family planning program~~ *Family PACT*
29 *Program* shall have a right to a hearing conducted by the
30 department regarding the person's eligibility or receipt
31 of services *consistent with the Medi-Cal program.* ~~A~~
32 ~~proposed decision from the administrative law judge shall~~
33 ~~be submitted to the State Director of Health Services for~~
34 ~~adoption, modification, or rehearing. The decision of the~~
35 ~~director shall be final. A person shall not have a right to~~
36 ~~contest changes made to the eligibility standards or~~
37 ~~benefits of the state-only family planning program.~~

38 SEC. 7. Section 24021 of the Welfare and Institutions
39 Code is amended to read:

1 24021. The department shall conduct an evaluation of
2 the effectiveness and efficiency of the program, including
3 expanded access and reduction of unintended
4 pregnancies, and shall report to the Legislature by no
5 later than January 1, 2000. The department may use local
6 assistance funds allocated to the ~~State-Only Family~~
7 ~~Planning~~ *Family PACT* Program for the evaluation of the
8 program.

9 SEC. 8. Section 24023 of the Welfare and Institutions
10 Code is repealed.

11 ~~24023. It is the intent of the Legislature that the State~~
12 ~~Department of Health Services shall, effective March 1,~~
13 ~~1997, conduct no other general statewide program for the~~
14 ~~provision of comprehensive clinical family planning~~
15 ~~services as referenced in Chapter 8.5 (commencing with~~
16 ~~Section 14500) of Part 3 of Division 9, while the State-Only~~
17 ~~Family Planning Program authorized by this division is in~~
18 ~~effect. For the purpose of avoiding a disruption of~~
19 ~~services, to the extent the implementation of the~~
20 ~~State-Only Family Planning Program does not occur on~~
21 ~~or before March 1, 1997, the Director of Health Services~~
22 ~~may extend the general statewide program for the~~
23 ~~provision of comprehensive clinical family planning~~
24 ~~services as referenced in Chapter 8.5 (commencing with~~
25 ~~Section 14500) of Part 3 of Division 9. This extension shall~~
26 ~~be made only upon notification to the Chairperson of the~~
27 ~~Joint Legislative Budget Committee and the chairperson~~
28 ~~of the committee in each house that considers~~
29 ~~appropriations and under no condition shall extend~~
30 ~~beyond 120 days.~~

31 SEC. 9. Section 24023 is added to the Welfare and
32 Institutions Code, to read:

33 24023. The department shall apply for a medicaid
34 waiver pursuant to Section 1115 of the Social Security Act
35 (42 U.S.C. Sec. 1315) that includes all medical, education,
36 and counseling services currently in the Family PACT
37 Program, new services for males included in a manner
38 consistent with services for females, a provider rate
39 increase at an amount to be determined by the
40 department, and state administrative costs. All General

1 Fund savings from the medicaid waiver shall be
2 deposited in the Comprehensive Preventive Health
3 Screening Fund, which is hereby created in the State
4 Treasury as a continuously appropriated fund without
5 regard to fiscal year, notwithstanding Section 13340 of the
6 Government Code.

7 SEC. 10. Section 24027 of the Welfare and Institutions
8 Code is repealed.

9 ~~24027. This division shall remain operative only until~~
10 ~~July 1, 2000, and, as of January 1, 2001, is repealed, unless~~
11 ~~a later enacted statute, which becomes effective on or~~
12 ~~before January 1, 2001, deletes or extends that date.~~

13 SEC. 11. Section 24027 is added to the Welfare and
14 Institutions Code, to read:

15 24027. Funds deposited in the Comprehensive
16 Preventive Health Screening Fund shall be administered
17 by the department, without regard to fiscal years to
18 implement this division. The department shall develop a
19 plan to merge existing screening programs into a
20 comprehensive preventive health screening program for
21 uninsured individuals whose income do not exceed 200
22 percent of the federal poverty level.

